

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

**CITY OF YONKERS**  
**DAILY VENDOR**  
**LICENSE APPLICATION**

Phone: 914-377-6808  
Fax: 914-377-6811  
Website:  
[www.YonkersNY.gov](http://www.YonkersNY.gov)

**INSTRUCTIONS FOR USING THIS FORM**

**Please Note:**

**If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.**

**Requirements:**

1. Photocopy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
2. Certified check, money order, or cash for the Daily license fee (\$50.00).
3. Photocopy of New York State Vendor Certificate or Certificate Authority. If you do not have this card, call the NYS Department of Taxation at (914) 933-2204 for information as to how to apply for the card.

**VENDOR LICENSE MUST BE DISPLAYED WHILE CONDUCTING BUSINESS**

**LICENSING FEES AND EXPIRATION DATE**

**\$50.00/day      LICENSE EXPIRES FOLLOWING DAY OF ISSUANCE.**

---

Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

**CITY OF YONKERS**  
**DAILY VENDOR**  
**LICENSE APPLICATION**

Phone: 914-377-6808  
Fax: 914-377-6811  
Website:  
www.YonkersNY.gov

**Special Show, Promotion, Flea Market**

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:		Social Security #:		
Address:				
City:		State:		Zip:
Home Phone #:		Cell #:		E-mail:
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #:				
Type of Business (if incorporated, please state):				
Address:		State:		Zip:
Telephone:		E-mail:		
Date(s) of Special Show/Promotion/Flea Market:				
Describe performance/event/ type of goods to be sold:				
Have you ever been arrested or convicted of a crime?				
If yes, explain:				

License #: _____	Date Issued: _____
------------------	--------------------

---

Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

CITY OF YONKERS  
DAILY VENDOR  
LICENSE APPLICATION

Phone: 914-377-6808  
Fax: 914-377-6811  
Website:  
[www.YonkersNY.gov](http://www.YonkersNY.gov)

I, \_\_\_\_\_, being duly sworn, deposes and says that all of the answers in the foregoing application are true, and that the photographs attached hereto were taken within thirty (30) days of the date of this application.

Signature/Date: \_\_\_\_\_ Print name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

---

Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director